

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|----------------------------------|--|--|--|-------------------|--|
| Name in Full <i>W. Name Bishop</i> | | Town <i>near Carmichael</i> | | County <i>D. C.</i> | | MARYLAND | |
| Died <i>near Carmichael</i> | | Date of death <i>1909</i> | | Month <i>March</i> | | Day <i>6</i> | |
| Age <i>6</i> | | Years <i>1</i> | | Months <i>24</i> | | Days <i>24</i> | |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth- place <i>D. C. Co., Md.</i> | | | |
| Occupation | | | | Where Residing if not at place of death | | | |
| Married, Single or Widowed | | | | Name of Wife or Husband | | | |
| Father's Name <i>Tilghman Bishop</i> | | | | Father's Birthplace <i>D. C. Co., Md.</i> | | | |
| Mother's Maiden Name <i>Ethel Mildred Bartlett</i> | | | | Mother's Birthplace <i>Centerville Md.</i> | | | |
| Name of person giving Information <i>P. H. Ford</i> | | | | How related to deceased <i>Physician</i> | | | |

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

| | | | |
|---|--|---|--|
| Primary <i>Pneumonia</i> | | How long <i>four days</i> | |
| Immediate <i>Exhaustion</i> | | How long <i>Six hours</i> | |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>Rowland H. Ford</i> | |
| <i>Loebner</i> | | Address <i>Greenstown Md.</i> | |
| Accident or Suicide | | | |



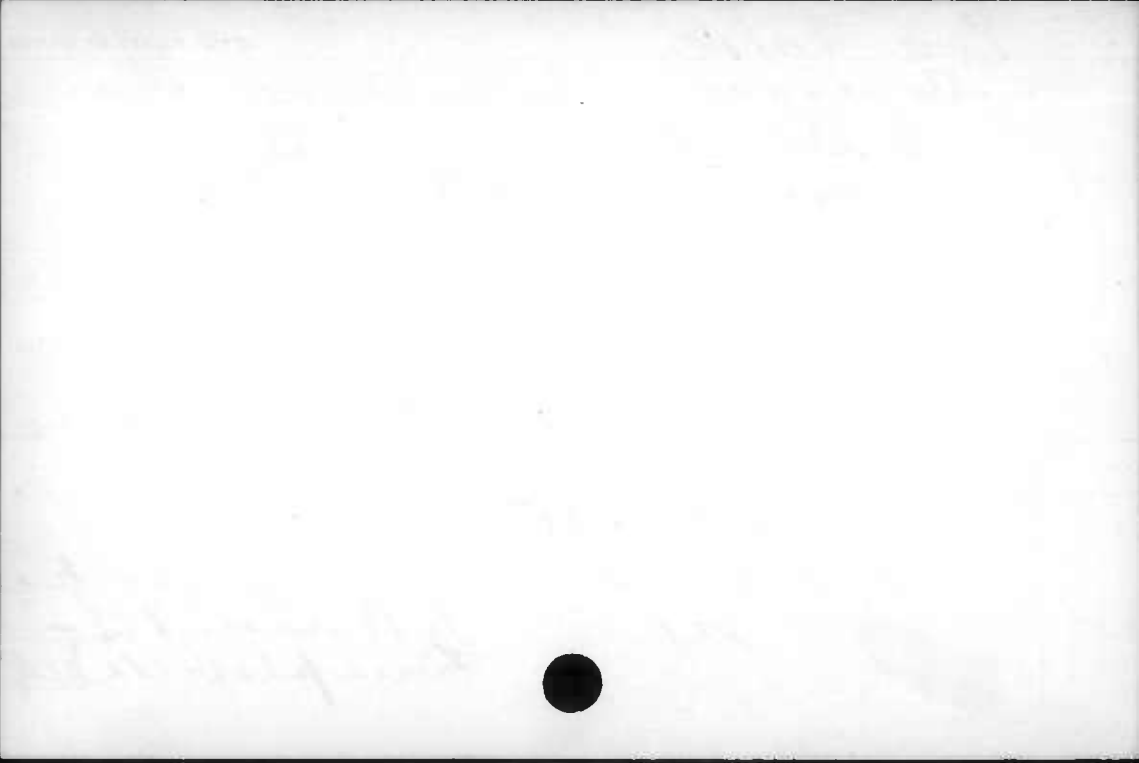
Name
in
FullInfant Still Born Child of *Albert*
Indiana & *Burke*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *near Burrisville* Town *Queen Anne* County **MARYLAND**Date of death 190 *9* Month *3* Day *11* Age *—* Years *—* Months *—* Days *—*Sex *male* Color or Race *Negro* Birth-place *—*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *—* Name of Wife or Husband *—*Father's Name *Albert Burke* Father's Birthplace *Balto. Md*Mother's Maiden Name *Indiana Wilson* Mother's Birthplace *Queen Anne Co.*Name of person giving Information *Albert Burke* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary *Stillborn* How long *8*Immediate *Eliza Cheers Wood wife* How long *—*Are the name, age, sex, color, date and place correctly given above? *—* Signature of Physician *John W. Lamm*Address *—*Accident or Suicide *—* Sub Registrar *—*



Name
In
Full

Eva Cair

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Barclay ^{Town} Queen Anne ^{County} MARYLAND

Date of death 1909 ^{Year} 3 ^{Month} 28 ^{Day} 3 ^{Years} — ^{Months} — ^{Days}

Sex Female Color or Race Black Birth-place Md.

Occupation — Where Residing if not at place of death —

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Levi Cair

Father's
Birthplace

Md -

Mother's
Maiden Name

Mary Cair

Mother's
Birthplace

Md -

Name of person giving
In formation

Lucil Cair

How related
to deceased

Father

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary

Enterocolitis

How long

2 weeks

Immediate

Enterocolitis

How long

3 weeks

Are the name, age, sex, color, date
and place correctly given above?

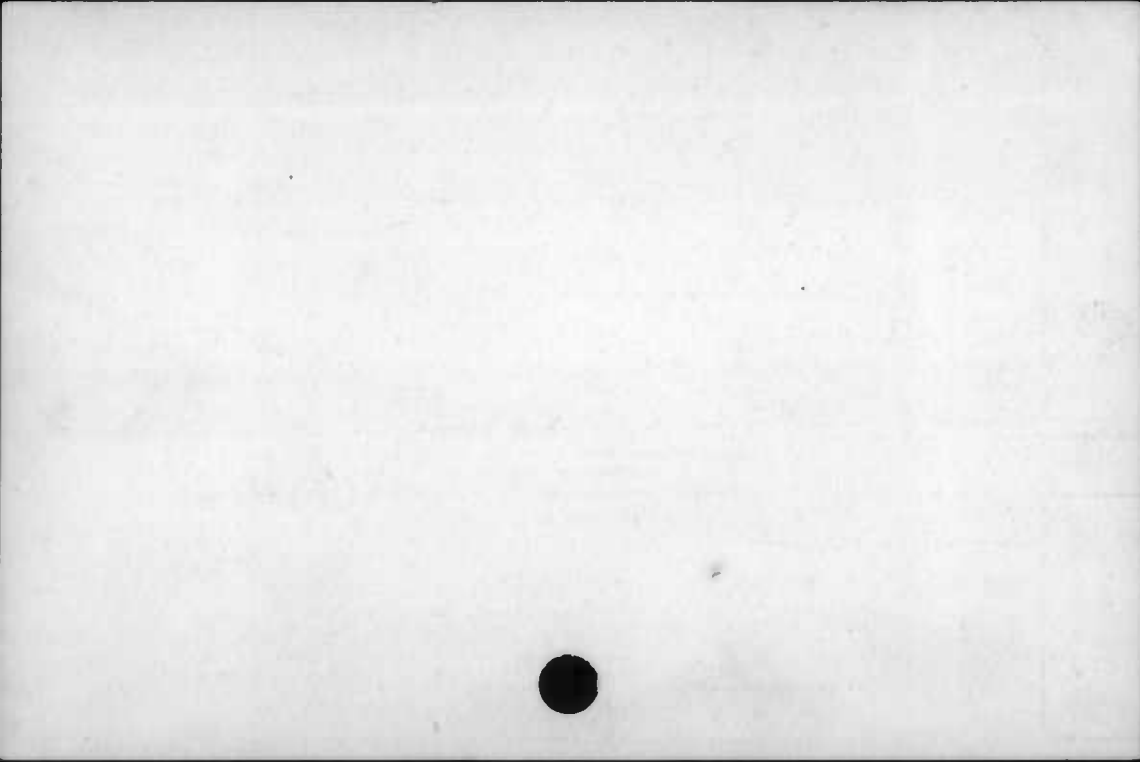
Yes

Signature of
Physician

Address

J. R. Smith -
Baltimore Md.

Accident or Suicide?



Name
in
Full

Clara Bale

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | |
|---|---|---|---------------|----------------|--------|
| Died at <i>near</i> ^{Town} <i>Chicksville Md</i> | | ^{County} <i>Queen Anne's</i> | | MARYLAND | |
| Date of death <i>1909</i> | Month <i>8</i> | Day <i>30</i> | Age <i>35</i> | Years | Months |
| Sex <i>Female</i> | Color or Race <i>Black</i> | Birth-place <i>Queen Anne's</i> | | | |
| Occupation <i>board</i> | | Where Residing if not at place of death | | Place of death | |
| Married, Single or Widowed <i>married</i> | Name of Wife or Husband <i>Oliver Bale</i> | | | | |
| Father's Name <i>Emory Blake</i> | Father's Birthplace <i>Tacoma Wash</i> | | | | |
| Mother's Maiden Name <i>Dolly Plater</i> | Mother's Birthplace <i>Queen Anne's</i> | | | | |
| Name of person giving information <i>Oliver Bale</i> | | How related to deceased <i>Husband</i> | | | |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

| | |
|---|---|
| Primary <i>Tuberculosis</i> | How long <i>18 mos</i> |
| Immediate <i>Exhaustion</i> | How long <i>1 week</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>Wm. H. H. H. H.</i> |
| <i>I only saw this patient next to last a few days before death</i> | Address <i>Chicksville Md.</i> |
| Accident or Suicide? <i>no</i> | |

Thomas, Emory
Spanard, Nick

Name
in
Full

CERTIFICATE OF DEATH

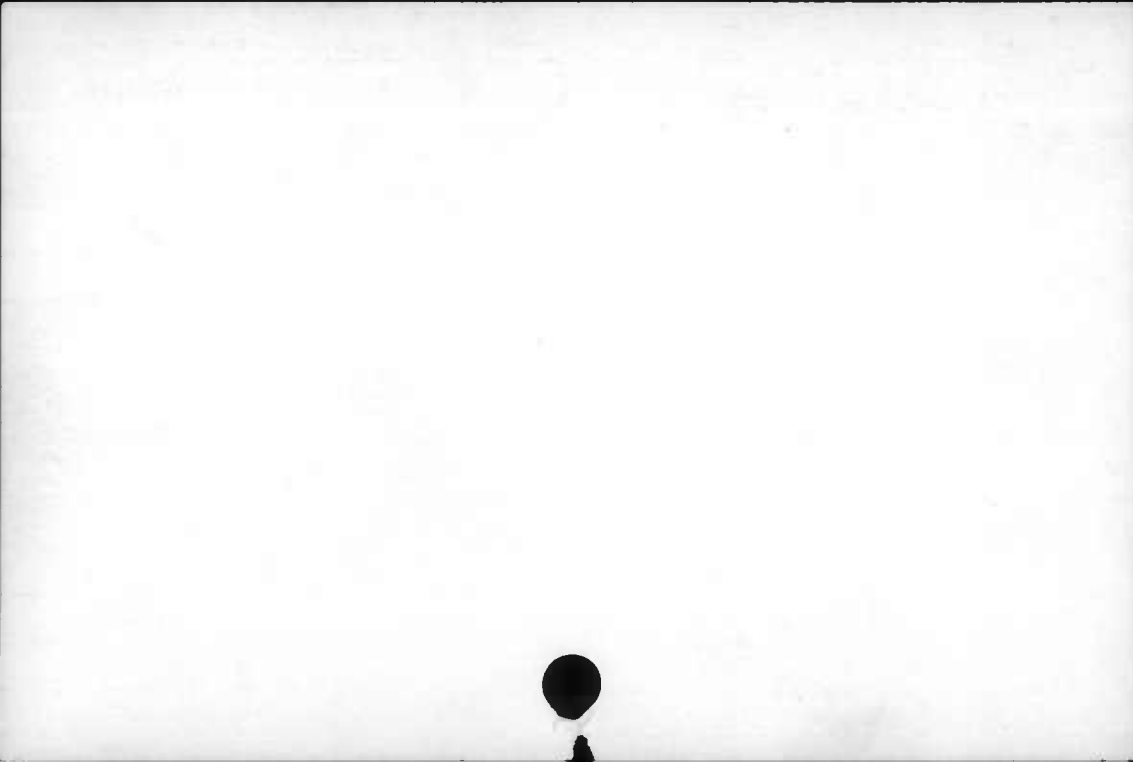
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| Name <i>Sarah Elizabeth Coleman</i> | | Town <i>Pondtown</i> | | County <i>Queen Anne</i> | | MARYLAND | |
| Died at <i>Pondtown</i> | | Month <i>Mar</i> | | Day <i>30</i> | | Years <i>92</i> | |
| Date of death <i>1908</i> | | Month <i>Mar</i> | | Day <i>30</i> | | Months <i>6</i> | |
| Age <i>92</i> | | Sex <i>Female</i> | | Color or Race <i>White</i> | | Birth-place <i>Caroline Co</i> | |
| Occupation <i>None</i> | | Where Residing if not at place of death <i>—</i> | | Married, Single or Widowed <i>Widow</i> | | Name of Wife or Husband <i>James Coleman</i> | |
| Father's Name <i>Sam Pinkfield</i> | | Father's Birthplace <i>Unknown</i> | | Mother's Maiden Name <i>Unknown</i> | | Mother's Birthplace <i>"</i> | |
| Names of person giving Information <i>Sarah E Coleman</i> | | How related to deceased <i>Daughter</i> | | How long <i>10</i> | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|--|---|--|
| Primary <i>Old Age General Debility</i> | | How long <i>—</i> | |
| Immediate <i>La Grippe</i> | | How long <i>One week</i> | |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>Arthur C. Landers</i> | |
| Accident or Suicide | | Address <i>Health Officer P. O. Co.</i> | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Not named, Cornegys

Town *Centreville* County *Queen Anne's* MARYLAND

Died at *Centreville*

Date of death *1909* Month *Mar* Day *28* Age *Stillborn* Years Months Days

Sex *Male* Color or Race *Black* Birth-place *Centreville Md.*

Occupation *None* Where Residing if not at place of death

~~Married, Single~~ or ~~Widowed~~ Name of Wife or Husband

Father's Name *Alex Cornegys.* Father's Birthplace *Queen Anne's Co.*

Mother's Maiden Name *Rebecca Blake* Mother's Birthplace " " "

Name of person giving information *Alex Cornegys.* How related to deceased *Father.*

CAUSES OF DEATH

8

PHYSICIAN
OR CORONER

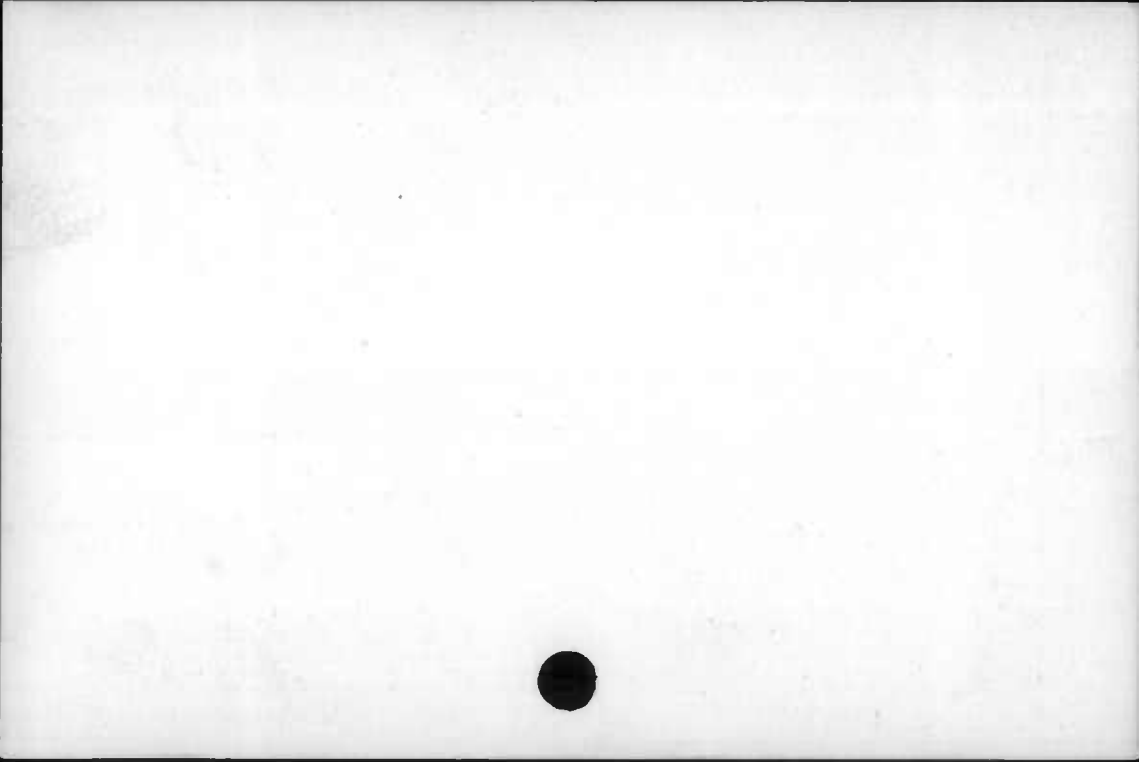
Primary *Stillborn* How long

Immediate *Stillborn* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *E. J. Smith* Address *Centreville Md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

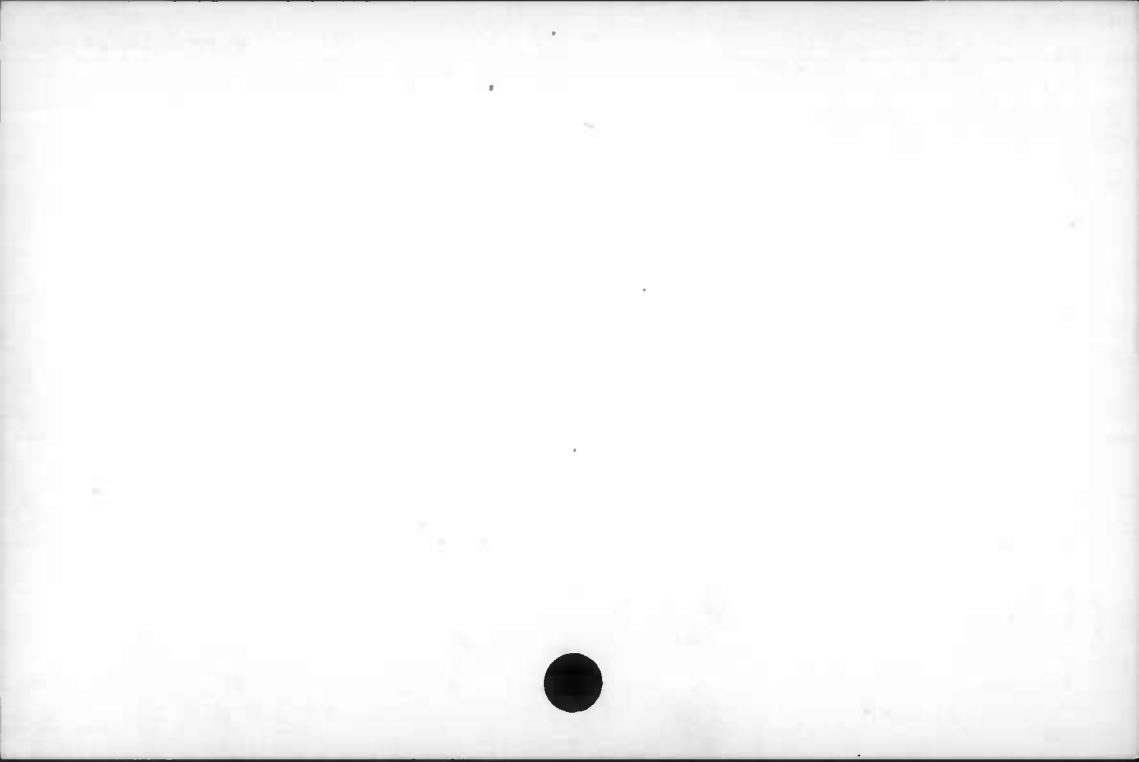
| | | | | | | | |
|---|---------------------|-------------------------|-------------------------|--------------------------|-----------|-------------------------|---------------|
| Died at <i>Queen Anne</i> | | Town <i>Centerville</i> | | County <i>Queen Anne</i> | | MARYLAND | |
| Date of death | 1909 | Month | 3 | Day | 15 | Age | 74 |
| Sex | Male | Color or Race | White | Years | 74 | Months | 5 |
| Occupation | Teacher | | Birth-place | | Balto. Md | | |
| Where Residing if not at place of death | | | | | | | |
| Married, Single or Widowed | Widower | | Name of Wife or Husband | | | | |
| Father's Name | John Dickinson | | | | | Father's Birthplace | Balto. Co. Md |
| Mother's Maiden Name | Elizabeth Ann Lenox | | | | | Mother's Birthplace | Balto. |
| Name of person giving Information | Mary E. Harrison | | | | | How related to deceased | Daughter |

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

| | | | | |
|--|--------------------------|------------|----------------------------|-----------------|
| Primary | <i>Pneumonia</i> | | How long | <i>8 days</i> |
| Immediate | <i>Cardiac Paralysis</i> | | How long | <i>Suddenly</i> |
| Are the name, age, sex, color, date and place correctly given above? | | <i>yes</i> | Signature of Physician | |
| Accident or Suicide | | <i>no</i> | Address | |
| | | | <i>Centerville</i> | |
| | | | <i>Queen Anne. Is. Md.</i> | |



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Grace Gibbs* Town *New Town* County *Queen Anne's* MARYLAND

Died at *New Town*

Date of death *1909* Month *March* Day *10* Age *one* Years *6* Months *6* Days

Sex *Female* Color or Race *Colored* Birth-place *New Town*

Occupation *None* Where Residing if not at place of death *New Town*

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name *John Gibbs* Father's Birthplace *Queen Anne's Co*

Mother's Maiden Name *Deby Blake* Mother's Birthplace *Queen Anne's Co*

Name of person giving information *Henry Blake* How related to deceased *Grand Father*

CAUSES OF DEATH

87

PHYSICIAN
OR CORONER

Primary *bad cold* How long *one week*

Immediate *bad cold* How long _____

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *No Dr*

Address *John W. Garrison*

Accident or Suicide? *Sub Registrar*



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|--|--|-----------------------------|--|----------|--|
| Name <i>Ralph H Harrison Jr</i> | | Town | | County | | MARYLAND | |
| Died at <i>Crumpton</i> | | Month | | Day | | Years | |
| Date of death <i>1908</i> | | <i>Mar</i> | | <i>14</i> | | Age | |
| Sex <i>Male</i> | | Color or Race <i>White</i> | | Birth-place <i>Crumpton</i> | | Months | |
| Occupation | | Where Residing if not at place of death | | Days | | | |
| Married, Single or Widowed | | Name of Wife or Husband | | | | | |
| Father's Name <i>Ralph H Harrison</i> | | Father's Birthplace <i>Scranton Pa</i> | | | | | |
| Mother's Maiden Name <i>L Anne Williamson</i> | | Mother's Birthplace <i>& Anne Co</i> | | | | | |
| Name of person giving Information <i>Ralph H Harrison</i> | | How related to deceased <i>Father</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | | | |
|---|------------------|--|----------|
| Primary | <i>Stillborn</i> | How long | <i>8</i> |
| Immediate | | How long | |
| Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | | Signature of Physician <i>C P Gowman</i> | |
| | | Address <i>Millington</i> | |
| Accident or Suicide | | | |



Name
in
Full

Sadie Kilson

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Queenstown

D.C.

Date
of death

1909

Month

March

Day

6

Years

Age

10

Months

Days

Sex

Female

Color or
Race

Colored

Birth-
place

2 also

Occupation

~~~~~

Where Residing if not  
at place of death

Queenstown

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

~~~~~

Father's
Name

Loke Kilson

Father's
Birthplace

2 also

Mother's
Maiden Name

Maggie Wiley

Mother's
Birthplace

2 also

Name of person giving
Information

Mr Wiley

How related
to deceased

Brother

CAUSES OF DEATH

27

Primary

Tubercular Pneumonia

How long

Three days

Immediate

Cardiac failure

How long

Don't know

Are the name, age, sex, color, data
and place correctly given above?

Yes

Signature of
Physician

Powland V. Ford

Address

Queenstown, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

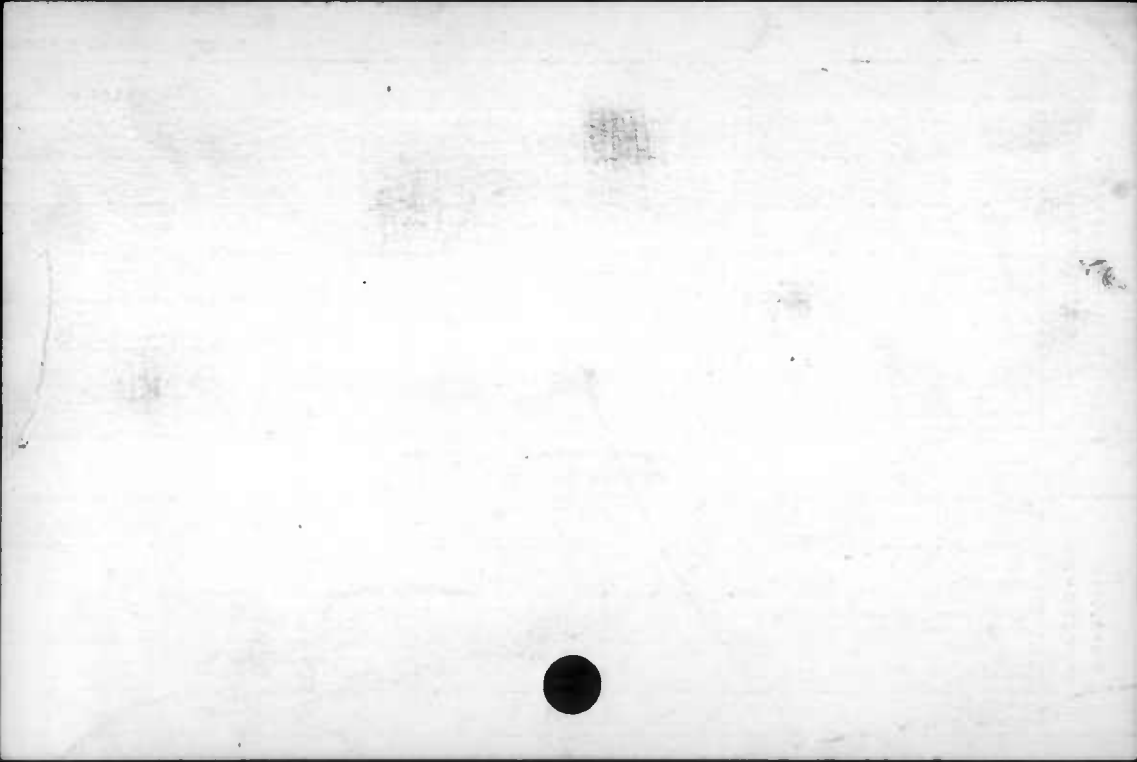
| | | | |
|---|--|--|--------------------------------|
| Died at <i>near</i> ^{Town} <i>Millington</i> ^{County} <i>Queen Anne's</i> | | MARYLAND | |
| Date of death <i>1909</i> | <i>3</i> ^{Month} | <i>13</i> ^{Day} | Age <i>36</i> ^{Years} |
| Sex <i>Female</i> | Color or Race <i>Black</i> | Birth-place <i> Md</i> | Months <i>—</i> Days <i>—</i> |
| Occupation <i>—</i> | | Where Residing if not at place of death <i>—</i> | |
| Married, <i>Single</i> or Widowed | Name of Wife or Husband <i>Edward Lockermann</i> | | |
| Father's Name <i>Henry Graves</i> | Father's Birthplace <i>Md</i> | | |
| Mother's Maiden Name <i>Martha Megdes</i> | Mother's Birthplace <i>Md</i> | | |
| Name of person giving Information <i>Edward Lockermann</i> | How related to deceased <i>Husband</i> | | |

CAUSES OF DEATH

135

PHYSICIAN
OR CORONER

| | | |
|--|---|------------------------------|
| <i>No Physician in attendance</i> | | How long <i>—</i> |
| <i>Hemorrhages (after child birth)</i> | | How long <i>—</i> |
| Immediate <i>Yes</i> | Are the name, age, sex, color, date and place correctly given above? <i>Yes</i> | |
| Signature of Physician <i>Dr. W. H. Jacobs</i> | | Address <i>Millington Md</i> |
| Accident or Suicide <i>—</i> | | |



| | | | | | | | | |
|-----------------------------------|--|--|--|-------------------------|---|---|-----|---------------|
| Name in Full | | Oscar R. Medders | | | | CERTIFICATE OF DEATH | | |
| TO BE ANSWERED BY NEAREST FRIEND | | Died at | | Hillington | | 2 a co | | |
| | | Date of death | | 1909 | 3 | 2 | Age | 67 |
| | | Sex | | Female | | Color or Race | | White |
| | | Occupation | | Housewife | | Where Residing if not at place of death | | |
| | | Married, Single or Widowed | | Married | | Name of Wife or Husband | | C. M. Medders |
| | | Father's Name | | James E. Medders | | Father's Birthplace | | Kent Co |
| | | Mother's Maiden Name | | A. B. Howard | | Mother's Birthplace | | Kent Co |
| Name of person giving information | | | | How related to deceased | | | | |
| PHYSICIAN OR CORONER | | CAUSES OF DEATH | | | | | | |
| | | Primary | | Heart failure | | How long | | 7 days |
| | | Immediate | | | | How long | | |
| | | Are the name, age, sex, color, date and place correctly given above? | | yes | | Signature of Physician | | |
| | | Address | | H. C. Medders | | Hillington | | |
| Accident or Suicide? | | | | | | | | |



Name
in
Full

William Fredrick Mimmer

CERTIFICATE OF DEATH

Died at *Inds Store* ^{Town}*Queen Anne* ^{County}

MARYLAND

Date
of death *1909* ^{Month} *March*Day
*16*Age
11 ^{Years}Months
*11*Days
*22*Sex *Male*Color or
Race *white*Birth-
place *Lg Co Md*Occupation
*None*Where Residing if not
at place of deathMarried, Single
or Widowed *single*Name of Wife or
HusbandFather's
Name *Isaac Mimmer*Fether's
Birthplace *LA County*Mother's
Maiden Name *Ella Risley*Mother's
Birthplace *Bal city*Name of person giving
In formation *Isaac Mimmer*How related
to deceased *Father*

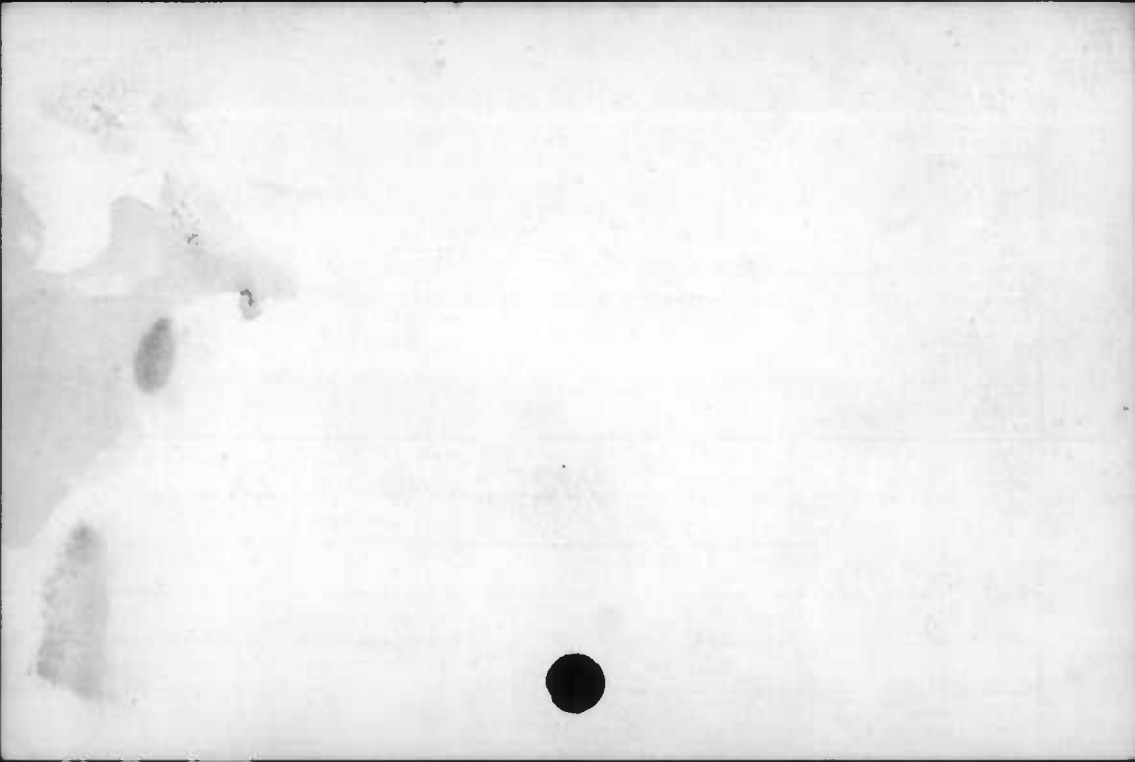
CAUSES OF DEATH

93

Primary *Pneumonia*How long
*Several days*Immediate *Asphyxia*How long
*Short time*Are the name, age, sex, color, date
and place correctly given above? *yes*Signature of
Physician*Wm G. Henry*

Address

*Stevensville Md*Accident or Suicide? *no*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Hewretta Murray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

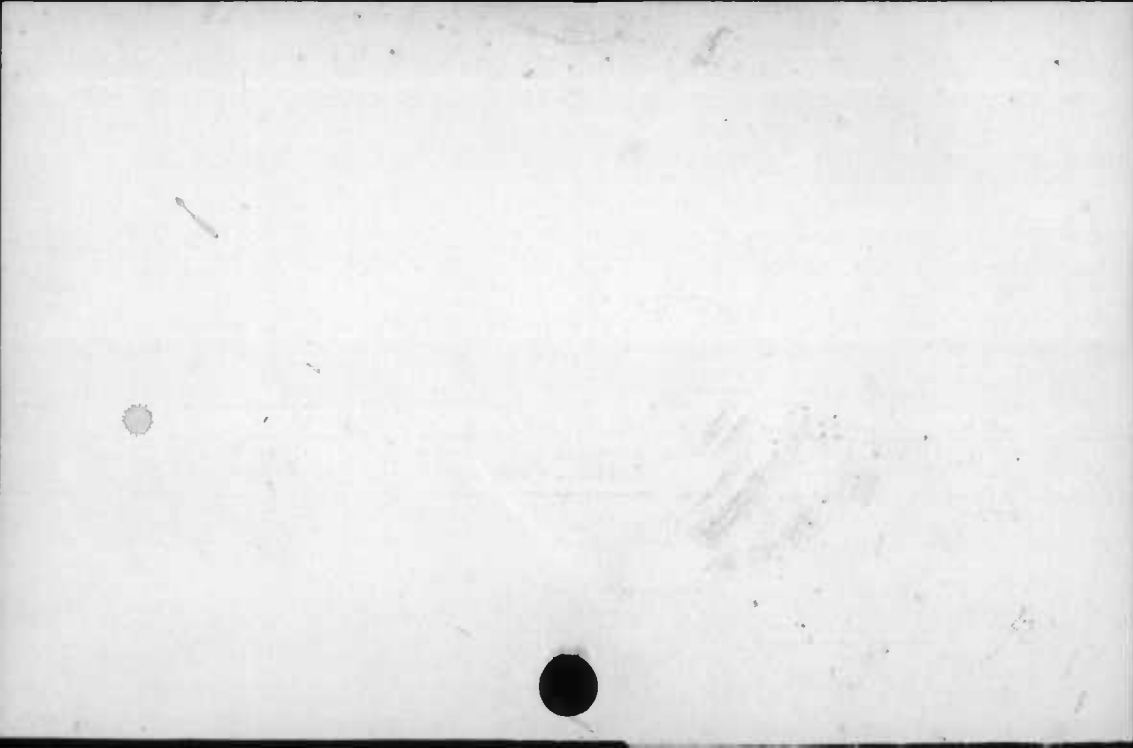
| | | | | | | | |
|-----------------------------------|-------------------------|------------------|------|--|--------------|----------|---------|
| Died at <i>Incentown</i> | | Town <i>L.A.</i> | | County | | MARYLAND | |
| Date of death | 1909 | Month | 3d | Day | 6th | Age | 72 yrs. |
| Sex | Female | Color or Race | Cal. | Birth-place | L.A.Co., Md. | | |
| Occupation | Nursing | | | Where Residing if not at place of death <i>at Daughter's</i> | | | |
| Married, Single or Widowed | Single | | | Name of Wife or Husband <i>Pere Murray</i> | | | |
| Father's Name | Unknown | | | Father's Birthplace <i>Unknown</i> | | | |
| Mother's Maiden Name | <i>Elizabeth Singer</i> | | | Mother's Birthplace <i>Unknown</i> | | | |
| Name of person giving information | <i>Fannie Howard</i> | | | How related to deceased | | | |

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

| | | | |
|--|----------------------|-----------------------|-----------------|
| Primary | <i>Heart failure</i> | How long | <i>3 days -</i> |
| Immediate | <i>" " old age -</i> | How long | |
| Are the name, age, sex, color, date and place correctly given above? | | Yes. | |
| Signature of Physician | | <i>W.W. Chaires</i> | |
| Address | | <i>Incentown, Md.</i> | |
| Accident or Suicide? | | | |



Name
in
Full

Mary A. Snyder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Centerville Town Queen Anne County **MARYLAND**

Date of death 190 9 Month 3 Day 10 Age 80 Years Months 11 Days 10

Sex Female Color or Race White Birth-place Germany

Occupation none Where Residing if not at place of death _____

Married, Single or Widowed Widow Name of Wife or Husband Gustavas Snyder

Father's Name Grübert Father's Birthplace Germany

Mother's Maiden Name Gertrude Mother's Birthplace Germany

Name of person giving Information Mrs C.H. Kuster How related to deceased Daughter

CAUSES OF DEATH

4

PHYSICIAN
OR CORONER

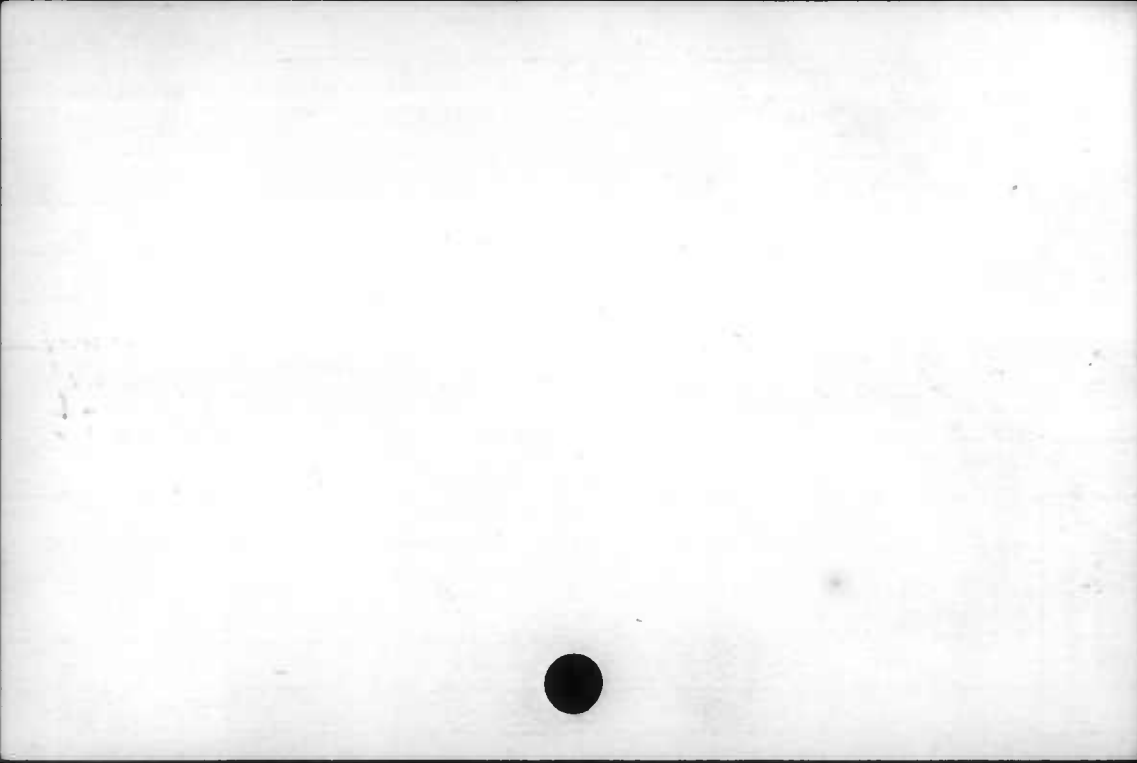
Primary Chronic Malaria How long 9 mos.

Immediate Pulmonary Edema How long 10 days.

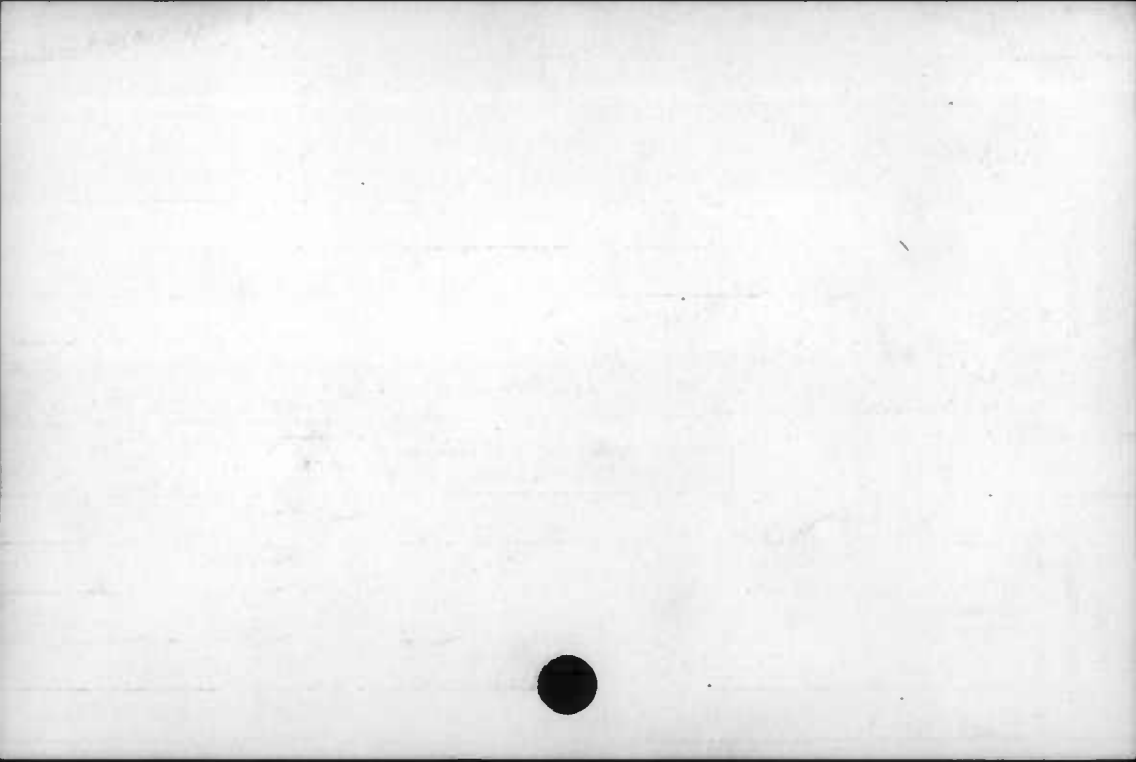
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician D. Chas E Snyder
Address Stevensville

Accident or Suicide no



| Name in Full | | Rebecca F Sporkis | | | | CERTIFICATE OF DEATH | |
|-------------------------------------|--|-------------------|-----------|-------------------------|---|----------------------|------------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | Town Church Hill | | County Queen Anne's | | MARYLAND | |
| | Date of death | 1909 | Month | March | Day | 19th | Age 57 |
| | | | | | Years | | 8 Months |
| | | | | | | | Days |
| | Sex | Female | | Color or Race | White | | Birthplace |
| | Occupation | | Housewife | | Where Residing if not at place of death | | |
| | Married, Single or Widowed | | Married | | Name of Wife or Husband | | |
| Father's Name | | John Howell | | Father's Birthplace | | Delaware | |
| Mother's Maiden Name | | Ann M. Sporkis | | Mother's Birthplace | | Delaware | |
| Name of person giving information | | Joseph R Sporkis | | How related to deceased | | Husband | |
| CAUSES OF DEATH | | | | | | | |
| PHYSICIAN OR CORONER | Primary | Hemiplegia | | | | How long | 5 years |
| | Immediate | Exhaustion | | | | How long | 30 min |
| | Are the name, age, sex, color, date and place correctly given above? | | Yes | | Signature of Physician | | |
| | | | | | Address | | |
| | Accident or Suicide? | | No | | | | |



Name
in
Full

Annie M Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

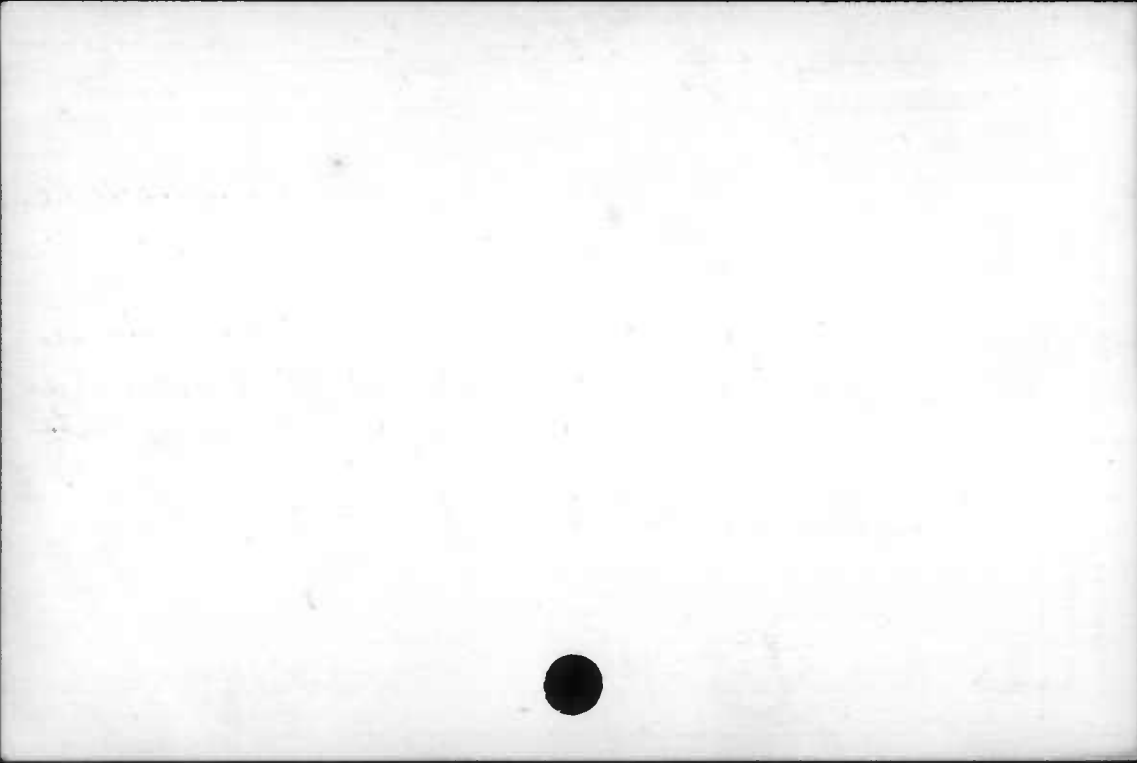
| | | | | | | | |
|---|--|---|----------|---------------------------|-------------|-------------|------|
| Died at | | Town Centerville | | County Queen Anne's | | MARYLAND | |
| Date of death 190 | | Month 9 | Day 3 | Age 83 | Years 83 | Months 7 | Days |
| Sex Female | | Color or Race Negro | | Birthplace Carmichael. | | | |
| Occupation Cook | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed Widow | | Name of Wife or Husband George Thomas. | | | | | |
| Father's Name Permy Lee | | Father's Birthplace Carmichael | | | | | |
| Mother's Maiden Name Candace Hutchins | | Mother's Birthplace Carmichael | | | | | |
| Name of person giving Information Sarah Washington | | How related to deceased Daughter. | | | | | |

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

| | |
|--|--|
| Primary Pneumonia | How long 6 days |
| Immediate Heart failure | How long gradual |
| Are the name, age, sex, color, date and place correctly given above? I don't know | Signature of Physician Jas B. Gordon M.D. |
| Accident or Suicide No | Address Centerville, Md. |



Name
in
Full

CERTIFICATE OF DEATH

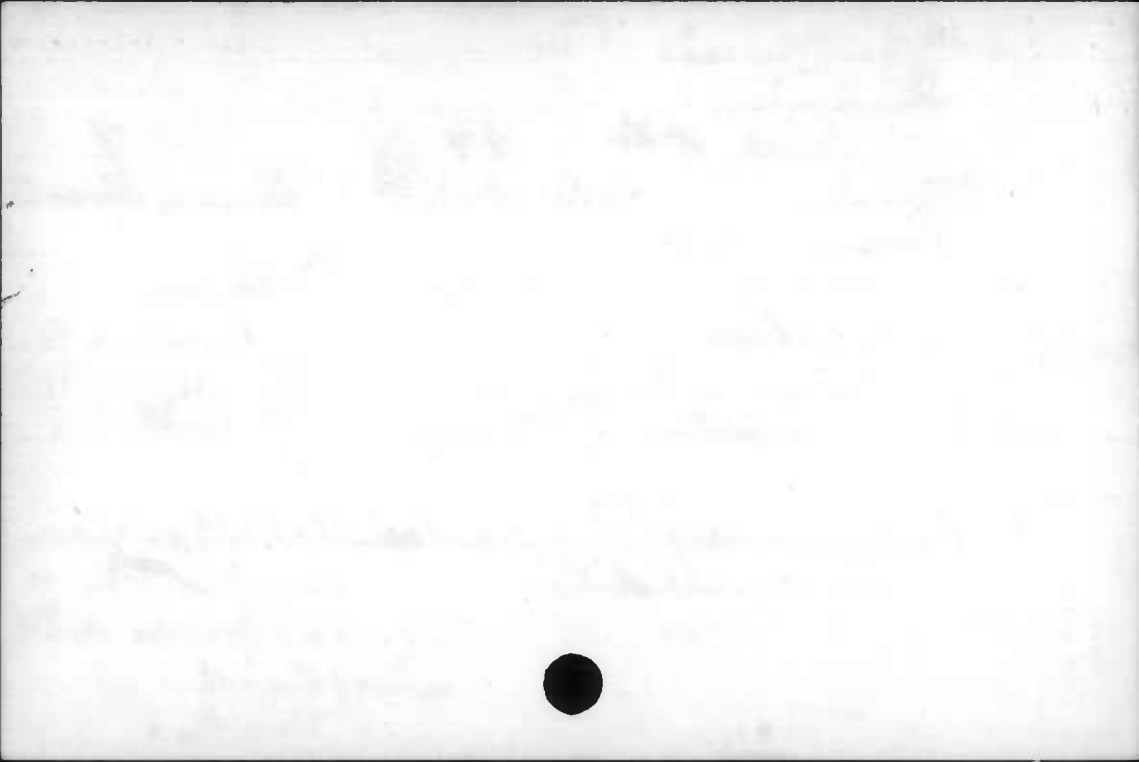
TO BE ANSWERED BY
NEAREST FRIEND

| | | | | | | | |
|---|--|--|--|-------------------------------------|--|------------|--|
| Name in Full <i>Infant Child of Jim + Minia Tolson</i> | | Town <i>Spaniards Neck</i> | | County <i>Queen Anne</i> | | MARYLAND | |
| Died at | | Month <i>9</i> | | Day <i>21</i> | | Years — | |
| Date of death | | Age — | | Months — | | Days — | |
| Sex <i>Female</i> | | Color or Race <i>Negro</i> | | Birthplace <i>Spaniards Neck</i> | | | |
| Occupation — | | Where Residing if not at place of death — | | | | | |
| Married, Single or Widowed — | | Name of Wife or Husband — | | | | | |
| Father's Name <i>James Tolson</i> | | Father's Birthplace <i>Port Island</i> | | | | | |
| Mother's Maiden Name <i>Minia Clayton</i> | | Mother's Birthplace <i>Spaniards Neck</i> | | | | | |
| Name of person giving Information <i>Harry Clayton</i> | | How related to deceased <i>Grand Father</i> | | | | | |

CAUSES OF DEATH

PHYSICIAN
OR CORONER

| | |
|--|---|
| Primary <i>Cathartic Stool</i> | How long <i>3 hours</i> |
| Immediate <i>do not know</i> | How long — |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>John W. Tarnan</i> |
| Accident or Suicide <i>mid wife</i> | Address <i>Sub Registrar</i> |



Name
in
Full

Wm R. Dennis Tolson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

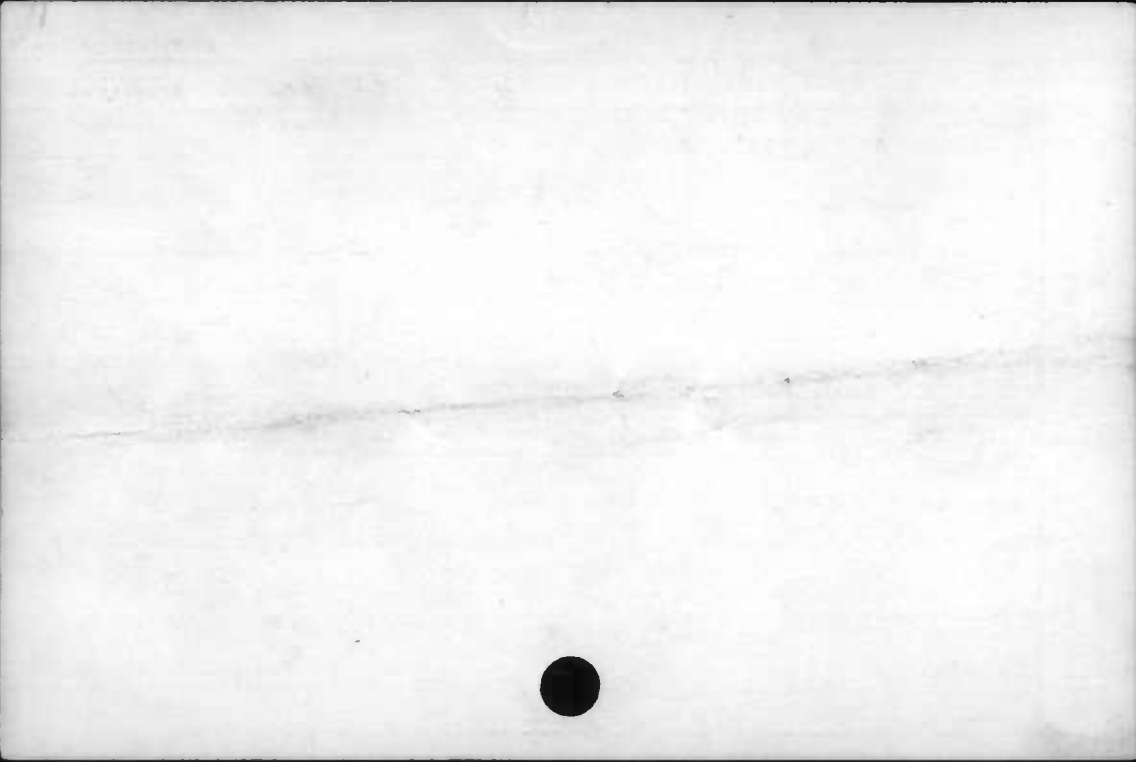
| | | | | | | | |
|---|--|---|---------------------------|----------------------------------|-----------------|-----------------------|--|
| Died at <i>Ingleside</i> | | Town <i>Dennis</i> | | County <i>Ann</i> | | State <i>MARYLAND</i> | |
| Date of death 190 <i>9</i> | | Month <i>March</i> | Day <i>5th</i> | Years <i>34</i> | Months <i>7</i> | Days <i>7</i> | |
| Sex <i>Male</i> | | Color or Race <i>colored</i> | | Birth-place <i>Dennis Ann Co</i> | | | |
| Occupation <i>Farm Labourer</i> | | Where Residing if not at place of death | | | | | |
| Married, Single or Widowed <i>Married</i> | | Name of Wife or Husband <i>Susan Tolson</i> | | | | | |
| Father's Name <i>Charles Tolson</i> | | Father's Birthplace <i>Caroline Co.</i> | | | | | |
| Mother's Maiden Name <i>Julia Bowyer</i> | | Mother's Birthplace <i>" "</i> | | | | | |
| Name of person giving Information <i>Charles Tolson</i> | | How related to deceased <i>Father</i> | | | | | |

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

| | |
|---|--|
| Primary <i>Pulmonary Tuberculosis</i> | How long <i>Probably one year</i> |
| Immediate <i>Endocarditis</i> | How long <i>One month</i> |
| Are the name, age, sex, color, date and place correctly given above? <i>yes</i> | Signature of Physician <i>W. W. Bowen M.D.</i> |
| | Address <i>Ingleside Md.</i> |
| Accident or Suicide <i>No.</i> | |



| Name In Full | | Margarit-Twitt- | | | | | CERTIFICATE OF DEATH | |
|-------------------------------------|--|-------------------|------------|---|--|----------------------------|----------------------|------|
| TO BE ANSWERED BY NEAREST FRIEND | Died at | Town Sudbottle | | County Juniata | | MARYLAND | | |
| | Date of death | 1909 | Month 3 | Day 26 | Age 1 | Years | Months 2 | Days |
| | Sex | Female | | Color or Race white- | | Birth-place Ind | | |
| | Occupation | None | | | Where Residing if not at place of death Ind | | | |
| | Married, Single or Widowed | | | | Name of Wife or Husband | | | |
| | Father's Name | Spencer Twitt- | | | | Father's Birthplace Ind | | |
| Mother's Maiden Name | Lena Clayton | | | | Mother's Birthplace Ind | | | |
| Name of person giving information | Spencer Twitt- | | | | How related to deceased Father- | | | |
| | | | | CAUSES OF DEATH | | 150 | | |
| PHYSICIAN OR CORONER | Primary | Spina Bifida | | | | How long 14 mos | | |
| | Immediate | General debility- | | | | How long 1 day | | |
| | Are the name, age, sex, color, date and place correctly given above? | yes | | Signature of Physician Foster Lucile | | Address Sudbottle Ind | | |
| | Accident or Suicide? | | | | | | | |

Shaler'sville